GET TO KNOW Newton

Planning & Zoning
Application
Plat-of-Survey

Submitted Date _____
Fee: $25.00
Date Paid _____
Receipt # _____
File #PS _____

Planning & Zoning Department
1700 N. 4th Ave. W.
Newton, IA 50208-1926
641-792-6622 FAX 641-792-0670
www.newtongov.org

Please complete the following information: **(print or type)**

Name of Applicant	Mailing Address	Daytime Telephone

Interest in property: ☐ Owner ☐ Agent ☐ Other (explain):_____

Name of Owner (if different)	Mailing Address	Daytime Telephone

- Type of survey action: ☐ lot-line-adjustment ☐ division of tract or lot ☐ division of duplex lots
- Street Address or Common Description: _____
- Legal Description: _____
- Zoning of property: _____ • A change in zone ☐ is ☐ is not anticipated.
- Size of parcel ☐ sq. ft. ☐ Acres:_____ • Proposed total number of lots:_____

To be provided with completed application: Three (3) originals for approval **with "City of Newton"** signature block.

Signature of Applicant _____ Date _____ Revised 12/2006

Signature Block to Appear on Plat of Survey face:

Approved:

_____
Erin Chambers, City Planner

_____
Date